



2026-27 Plan Year CMU CHOICES BENEFITS OVERVIEW

Regular Faculty

MEDICAL

CMU offers four medical plan options through MESSA. A summary of the in-network benefits for each plan is shown below.

	Choices 300/600 3 Tier Rx	Choices 500/1000 5 Tier Rx	ABC Plan 1 3 Tier Rx	ABC Plan 2 5 Tier Rx
Deductible <i>(per calendar year)</i>	\$300 member \$600 family	\$500 member \$1,000 family	\$1,700 member \$3,400 family	\$2,000 member \$4,000 family
Coinsurance	0%	0%	0%	0%
Total Out of Pocket Max.	\$3,300 member \$6,600 family	\$3,500 member \$7,000 family	\$3,700 member \$7,400 family	\$4,000 member \$8,000 family
Prescription Drugs – up to 34-day supply <i>(after deductible)</i>				
Generic	\$10	\$10	Free or \$10	Free or \$10
Preferred brand	20% coinsurance <i>(\$40 min - \$80 max)</i>	\$40	20% coinsurance <i>(\$40 min - \$80 max)</i>	\$40
Non-preferred brand	20% coinsurance <i>(\$60 min - \$100 max)</i>	\$80	20% coinsurance <i>(\$60 min - \$100 max)</i>	\$80
Preferred specialty	Pricing included in one of the above categories	20% coinsurance <i>(\$0 min - \$150 max)</i>	Pricing included in one of the above categories	20% coinsurance <i>(\$0 min - \$150 max)</i>
Nonpreferred specialty		20% coinsurance <i>(\$0 min - \$300 max)</i>		20% coinsurance <i>(\$0 min - \$300 max)</i>
Prescription Drugs – up to 90-day supply				
Generic, Preferred brand, Nonpreferred brand	2.5x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order
Savings Accounts				

Medical and Prescription Drug coverage through MESSA runs on the calendar year (01/01 – 12/31).

DENTAL

CMU offers two dental plan options through Guardian. Both plans use the DentalGuard Preferred network. A summary of the in-network benefits for each plan is shown below.

	Core	Buy-Up
Deductible <i>(per plan year 7/1 – 6/30)</i>	\$50 Individual / \$150 Family <i>(Does not apply to Preventive Care)</i>	None
Annual Maximum Benefit	\$1,000	\$1,500
Preventive Care Services	Plan pays 100%	Plan pays 100%
Basic Care Services	Plan pays 50%	Plan pays 75%
Major Care Services	Plan pays 50%	Plan pays 50%
Orthodontia <i>(children up to age 19)</i>	Not covered	Plan pays 50%
Lifetime Orthodontia Maximum	Not covered	\$2,000

VISION

CMU offers two vision plan options through VSP. Both plans use the Choice network. A summary of the in-network benefits for each plan is shown below.

	Standard	Premium
Eye Exam <i>(once every plan year 7/1 – 6/30)</i>	\$20 copay	\$0 copay
Glasses <i>(once every plan year 7/1 – 6/30)</i>	\$20 copay	\$20 copay
Frames	\$120 allowance \$170 allowance for featured brands 20% discount on remaining balance	\$175 allowance \$225 allowance for featured brands 20% discount on remaining balance
Lenses	Single vision, lined bifocal/trifocal Polycarbonate lenses for children Standard progressive - \$0 copay	Single vision, lined bifocal/trifocal Polycarbonate lenses for children Standard progressive - \$0 copay
Contacts <i>(instead of glasses; once every plan year 7/1 – 6/30)</i>	Up to \$55 copay for contact lens exam (fitting and evaluation) \$120 allowance for contacts	Up to \$40 copay for contact lens exam (fitting and evaluation) \$175 allowance for contacts



This overview contains highlights of the benefits package offered to you as a Central Michigan University employee. Not all benefits, limitations and exclusions of the benefit programs are listed. If there are any discrepancies between the illustrations contained herein and the official benefit plan documents, the official benefit plan documents prevail.

2026-27 EMPLOYEE PREMIUM COST SHARE

The costs below reflect the **MONTHLY** amount employees pay for coverage.

Medical (rates effective 01/01/2026 - 12/31/2026)

ABC Plan 1 – 3 Tier Rx	9 Month	12 Month
Single	\$287.31	\$215.48
Two-Person	\$686.95	\$515.21
Family	\$911.52	\$683.64
ABC Plan 2 – 5 Tier Rx	9 Month	12 Month
Single	\$155.41	\$116.56
Two-Person	\$390.19	\$292.64
Family	\$542.23	\$406.67
Choices 300/600 – 3 Tier Rx	9 Month	12 Month
Single	\$508.08	\$381.06
Two-Person	\$1,183.68	\$887.76
Family	\$1,529.70	\$1,147.27
Choices 500/1000 – 5 Tier Rx	9 Month	12 Month
Single	\$373.28	\$279.96
Two-Person	\$880.39	\$660.29
Family	\$1,152.26	\$864.19

Dental

Core	9 Month	12 Month
Single	\$13.76	\$10.32
Two-Person	\$28.34	\$21.25
Family	\$35.36	\$26.52
Buy-Up	9 Month	12 Month
Single	\$52.42	\$39.32
Two-Person	\$108.00	\$81.00
Family	\$137.50	\$103.13

Vision

Standard	9 Month	12 Month
Single	\$8.53	\$6.40
Two-Person	\$17.09	\$12.82
Family	\$27.49	\$20.62
Premium	9 Month	12 Month
Single	\$13.29	\$9.97
Two-Person	\$26.61	\$19.96
Family	\$42.83	\$32.12

LIFE / ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)*

CMU offers employees Life/AD&D insurance through Unum. A core Employee Life/AD&D benefit is provided by CMU at no cost.

You may also purchase optional life/AD&D insurance for yourself and your dependents.

- Employees: 1x, 1.5x, 2x, 3x, or 4x annual earnings, up to a maximum of \$750,000
- Spouse or OEI: Choice of \$10,000, \$25,000, \$50,000, \$75,000, or \$100,000
- Children: Choice of \$10,000 or \$25,000

SHORT-TERM DISABILITY*

Employees may purchase optional Short-Term Disability insurance through Unum.

There are two benefit levels:

- 50% of weekly earnings, up to \$900/week
- 67% of weekly earnings, up to \$1,200/week

This plan has a 45-day elimination period.

**An Evidence of Insurability (EOI) may be required for additional coverage*

LONG-TERM DISABILITY

Long-Term Disability insurance is administered through Unum and provided by CMU at no cost to eligible employees.

The monthly benefit is 67% of monthly earnings, up to \$10,000 per month. This plan has a 180-day elimination period.

HEALTH ADVOCATE

The Health Advocate Employee Assistance Program (EAP) provides confidential mental health, crisis support, work/life balance, and other support services to you and your family at no cost.

Phone: 866-799-2691 (M-F 8am to 10pm)

Online: [HealthAdvocate.com/CMU](https://www.healthadvocate.com/CMU)

FLEXIBLE SPENDING ACCOUNTS

Employees can choose to contribute to a pre-tax Flexible Spending Account (FSA) through WEX.

General Purpose FSA

- Allows you to pay for qualified medical, prescription drug, dental and vision expenses
- Maximum annual election: \$3,400

Limited Purpose FSA

- Available to employees enrolled in the ABC 1 or ABC 2 medical plan
- Allows you to pay for qualified dental and vision expenses only
- Maximum annual election: \$3,400

Dependent Day Care FSA

- Available to all employees with eligible dependent day care expenses
- Allows you to pay for eligible child-care and elder-care expenses
- Maximum annual election: \$7,500 per household

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is an individually-owned, tax-advantaged savings account. You may use HSA funds to pay for medical, dental, prescription and vision expenses.

The ABC Health plans are paired with an HSA through HealthEquity.

2026 Calendar Year IRS maximum contributions:

- \$4,400 single
- \$8,750 family
- \$1,000 catch-up for those age 55+

Employees can choose to make HSA contributions from their pay.

For more details on your benefits package, visit the Benefits and Wellness website.
www.cmich.edu/benefits